



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

ULTIMATE PAIN SOLUTIONS

Respondent Name

ALIEF ISD

MFDR Tracking Number

M4-16-1874-01

Carrier's Austin Representative

Box Number 21

MFDR Date Received

MARCH 4, 2016

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "I have corrected the diagnosis codes that were improperly used. I would like my bills to be reprocessed again."

Amount in Dispute: \$260.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "On or about November 9, 2015, Requestor submitted billing for service date August 20, 2015. On December 7, 2015, the Carrier informed the provider that the bill lacks proper information which is needed for adjudication; therefore, making the bill incomplete...On December 22, 2015, more than the 95th day after the date of service, Requestor submitted a correct and complete bill for Date of Service August 20, 2015...As the submitted bill was beyond the 95th day after the date of service and no exceptions apply, Respondent issued EOB notifying of \$0.00 in allowance, notifying that the time limit for the filing has expired."

Response Submitted by: Thornton Biechlin Reynolds & Guerra

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 20, 2015	CPT Code 97110-GP (X2)	\$160.00	\$0.00
	CPT Code 97140-GP (X2)	\$100.00	\$0.00
TOTAL		\$260.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. Texas Labor Code §408.027, effective September 1, 2007, sets out the rules for timely submission of a claim by a health care provider.
2. 28 Texas Administrative Code §133.10, effective April 1, 2014 sets out the requirements for submitting a complete medical bill.
3. 28 Texas Administrative Code §133.20, effective January 29, 2009, sets out the procedures for submitting a medical bill.
4. 28 Texas Administrative Code §133.240, effective March 20, 2014, sets out the medical bill processing and audit procedures.
5. The services in dispute were reduced / denied by the respondent with the following reason codes:
 - 29-The time limit for filing has expired.
 - Per Rule 133.20; a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.
 - 18-Exact duplicate claim/service.

Issues

Does a timely filing issue exist? Is the requestor entitled to reimbursement?

Findings

According to the explanation of benefits, the respondent denied reimbursement for the services in dispute based upon reason code "29-The time limit for filing has expired."

The requestor wrote, "I have corrected the diagnosis codes that were improperly used. I would like my bills to be reprocessed again."

The respondent contends that reimbursement is not due because "On or about November 9, 2015, Requestor submitted billing for service date August 20, 2015. On December 7, 2015, the Carrier informed the provider that the bill lacks proper information which is needed for adjudication; therefore, making the bill incomplete...On December 22, 2015, more than the 95th day after the date of service, Requestor submitted a correct and complete bill for Date of Service August 20, 2015."

A review of the submitted documentation finds that requestor submitted a claim for payment to JI Specialty Services, Inc on November 9, 2015.

28 Texas Administrative Code §133.240(a) states, "An insurance carrier shall take final action after conducting bill review on a complete medical bill, or determine to audit the medical bill in accordance with §133.230 of this chapter (relating to Insurance Carrier Audit of a Medical Bill), not later than the 45th day after the date the insurance carrier received a complete medical bill."

In response to the claim, the respondent wrote the requestor "ICD-9 codes will be used for dates of service prior to Oct 1. ICD-10 go into effect for dates of treatment on or after Oct 1, 2015." A review of the submitted documentation finds that the requestor billed for the disputed services using ICD-10 codes for services rendered on August 20, 2015.

Using the correct diagnosis codes is a requirement set out in 28 Texas Administrative Code §133.10(f)(1)(M), which states, "All information submitted on required paper billing forms must be legible and completed in accordance with this section. The parenthetical information following each term in this section refers to the applicable paper medical billing form and the field number corresponding to the medical billing form. (1) The following data content or data elements are required for a complete professional or noninstitutional medical bill related to Texas workers' compensation health care. (M) diagnosis or nature of injury (CMS-1500/field 21) is required, at least one diagnosis code and the applicable ICD indicator must be present."

The Division finds that the requestor did not comply with the requirements of 28 Texas Administrative Code §133.10(f)(1)(M) by using the applicable ICD9 codes; therefore, the original bill was incomplete.

28 Texas Administrative Code §133.20(g) states, "Health care providers may correct and resubmit as a new bill

an incomplete bill that has been returned by the insurance carrier.”

Based upon the submitted documentation, on December 22, 2015 the requestor corrected and resubmitted the disputed bill.

Texas Labor Code §408.027(a) states, “A health care provider shall submit a claim for payment to the insurance carrier not later than the 95th day after the date on which the health care services are provided to the injured employee. Failure by the health care provider to timely submit a claim for payment constitutes a forfeiture of the provider's right to reimbursement for that claim for payment.”

The disputed date of service is August 20, 2015. A review of the submitted documentation finds that the requestor submitted a claim for payment to JI Specialty Services, Inc on December 22, 2015. This date is 124 days from the date of service.

The Division finds that the requestor has forfeited the right to reimbursement due to untimely submission of the medical bill for the service in dispute in accordance with Texas Labor Code Section §408.027(a).

Conclusion

For the reasons stated above, the Division finds that the requestor has forfeited its right to reimbursement. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	03/31/2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.